

**ADULT TYPE I, II, III and IV FACILITIES  
Local Detention Facility Health Inspection Report  
Health and Safety Code Section 101045**

BSCC #: \_\_\_\_\_

FACILITY NAME: Santa Rita County Jail		COUNTY: Alameda		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 5325 Broder Blvd. Dublin, CA 94568				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I:	TYPE II:	TYPE III:	TYPE IV: X
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
NUTRITIONAL EVALUATION		DATE INSPECTED: 8/16/17 - 8/17/17		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Annette Lavery MPH, RD Program Specialist 510-268-4218				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Haldun Yasa, Director ARAMARK John Souza, Deputy Food Service Department				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				

This checklist is to be completed pursuant to the attached instructions.

**II. NUTRITIONAL HEALTH EVALUATION**

## Adult Type I, II, III and IV Facilities

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
<b>Article 12. Food</b>				
<b>1230 Food Handlers</b>  <i>(Note: Title 15, § 1230 is in Article 11, MMH, but inspected under Environmental Health due to CalCode reference.)</i>  Policy and procedures have been developed and implemented for medical screening of (inmate) food handlers prior to working in the facility.  There are procedures for education, supervision and cleanliness of food handlers in accordance with standards set forth in California Retail Food Code (CalCode).	Do not identify compliance with this regulation here. See comments.			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
<b>1240 Frequency of Serving</b>				Meals are served approximately at the following times: 5:30am (breakfast), 12 noon (lunch), 4:30pm (dinner)
Food is served three times in any 24-hour period.	X			
At least one meal includes hot food.	X			Two hot meals are served – breakfast and dinner
If more than 14 hours passes between these meals, supplemental food is served.	X			
Supplemental food is served in less than the 14-hour period for inmates on medical diets, if prescribed by the responsible physician.	X			
A minimum of fifteen minutes is allowed for the actual consumption of each meal except for those inmates on therapeutic diets where the responsible physician has prescribed additional time.	X			
Inmates who miss or may miss a regularly scheduled facility meal, are provided with a beverage and a sandwich or a substitute meal.	X			
Inmates on therapeutic diets who miss a regularly scheduled meal, are provided with their prescribed meal.	X			
<b>1241 Minimum Diet</b> <i>(See regulation and guidelines for equivalencies and serving requirements.)</i>  The minimum diet in every 24-hour period consists of the full number of servings specified from each of the food groups below. Facilities electing to provide vegetarian diets for any reason also conform to the dietary guidelines.	X			All food groups are provided according to the USDA Recommended Guidelines.
<b>Protein Group.</b> One serving equals 14 grams or more of protein. The daily requirement is equal to three servings (a total of 42 grams per day or 294 grams per week).	X			
There is an additional, fourth serving of legumes three days per week.	X			Beans are consistently served to meet this requirement.
<b>Dairy Group.</b> The daily requirement for milk or milk equivalents is three servings.	X			
A serving is equivalent to 8 fluid ounces of milk and provides at least 250 mg. of calcium.	X			
The requirement for persons who are 15-17 years of age and for pregnant and lactating women is four servings of milk or milk products.			X	No minors are housed at this facility.
All milk is fortified with Vitamin A and D.	X			



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
One serving can be from a fortified food containing at least 250 mg. of calcium.	X			A punch drink packet is provided at the lunch meal that contains additional calcium and multiple vitamins.
<u>Vegetable-Fruit Group.</u> The daily requirement is at least five servings. At least one serving is from each of the following categories.	X			
One serving of a fresh fruit or vegetable per day, or seven servings per week.	X			Variety of fruits offered has diminished since the previous inspection. Typically oranges and apples are served the majority of the time.
One serving of a Vitamin C source containing 30 mg. or more per day or seven servings per week.	X			The menu indicates the fruit beverage drink mix satisfies the vitamin C requirement; however, it would be best for the requirement to be satisfied through food sources. This facility serves plenty of citrus, which meets this criteria.
One serving of a Vitamin A source containing 200 micrograms Retinol Equivalents (RE) or more per day, or seven servings per week.	X			
<u>Grain Group.</u> The daily requirement is at least six servings. At least three servings from this group are made with some whole grain products.	X			
Additional servings from the dairy, vegetable-fruit, and grain groups are provided in amounts to assure caloric supply is at the required levels. (See RDA for recommended caloric intakes.)	X			
Fat is added only in minimum amounts necessary to make the diet palatable. Total dietary fat does not exceed 30 percent of total calories on a weekly basis.	X			
<b>1242 Menus</b> (Applicable in Type II and III facilities and in those Type IV facilities where food is served.)	X			
Menus are planned at least one month in advance of their use. Menus are planned to provide a variety of foods, thus preventing repetitive meals.	X			
A registered dietitian approves menus before they are used.	X			
If any meal served varies from the planned menu, the change is noted in writing on the menu and/or production sheet.	X			Substitutions are documented on production sheets.
A registered dietitian evaluates menus, as planned and including changes, at least annually.		X		The current menu was last reviewed in April 2014. A registered dietitian (RD) is available to review the menu. The menu should be reviewed annually, updated, and signed by RD (see Recommendation 1).
<b>1243 Food Service Plan</b>				The Nutrition Health Inspector retains primary responsibility to determine compliance with Section 1243. Compliance should be assessed in consultation with the Environmental Health Inspector so that the findings on the Nutritional Health Evaluation reflect the observations, expertise and consensus of both parties.
There is a food services plan that complies with applicable CalCode. Facilities with an average daily population of 100 or more have a trained and experienced food service manager to prepare and implement a food services plan that includes:				
Planning menus;	X			
Purchasing food;	X			
Storage and inventory control;	X			
Food preparation;	X			
Food serving;	X			
Transporting food;	X			
Orientation and ongoing training;	X			
Personnel supervision;	X			
Budgets and food cost accounting;	X			

ARTICLE/SECTION	YES	NO	N/A	COMMENTS
Documentation and record keeping;	X			
Emergency feeding plan;		X		An Emergency Feeding Plan could not be located at the time of inspection. A Plan had been created and existed at previous inspection. See <b>Recommendation 2.</b>
Waste management; and,	X			
Maintenance and repair.	X			
In facilities of less than 100 average daily population that do not employ or have access to a food services manager, the facility administrator has prepared a food services plan that addresses the applicable elements listed above.			X	
<b>1245 Kitchen Facilities, Sanitation and Food Service</b>	Do not identify compliance with this regulation here. See comments.			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1245. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
Kitchen facilities, sanitation, and food preparation, service and storage comply with standards set forth in CalCode.				
In facilities where inmates prepare meals for self-consumption, or where frozen meals or prepared food from other facilities permitted pursuant to CalCode is (re)heated and served, the following CalCode standards may be waived by the local health officer. <i>(Note: while the regulation uses the word "waived," the intent is that the inspector exercises professional latitude to approve alternative methods that that provide for food safety and sanitation in these situations.)</i>				
CalCode requirements for new or replacement equipment.				
CalCode requirements for cleaning and sanitizing consumer utensils.				
CalCode§ 114149-114149.3, except that, regardless of such a waiver, the facility shall provide mechanical ventilation sufficient to remove gases, odors, steam, heat, grease, vapors and smoke from the kitchen.				
CalCode requirements for floors.	Do not identify compliance with this regulation here. See comments.			The Environmental Health Inspector retains primary responsibility to determine compliance with Section 1230. Compliance should be assessed in consultation with the Nutrition Inspector so that the findings on the Environmental Health Evaluation reflect the observations, expertise and consensus of both parties. The text of the regulation is provided here for reference only.
CalCode requirements for storage area(s) for cleaning equipment and supplies.				
<b>1246 Food Serving and Supervision</b>				
Policies and procedures ensure that work assignments are appropriate and food handlers are adequately supervised. Food is prepared and served only under the immediate supervision of a staff member.	Do not identify compliance with this regulation here. See comments.			
<b>1247 Disciplinary Isolation Diet</b>			X	Disciplinary isolation diets are served periodically at SRJ. A Policy and Procedure is in place (14.04 Alternative Meal Service for Disciplinary Actions"). No inmate was observed at inspection time to be on a disciplinary isolation diet.
No inmate receiving a prescribed medical diet is placed on a disciplinary isolation diet without review by the responsible physician or pursuant to a plan approved by the physician.				



ARTICLE/SECTION	YES	NO	N/A	COMMENTS
The disciplinary isolation diet is an exception to the three-meal-a-day standard and is served twice in each 24-hour period.				
Each serving consists of one-half of the loaf (or a minimum of 19 ounces cooked loaf) described in the regulation or, if approved by the Corrections Standards Authority, another equally nutritious diet. Additionally the inmate receives two slices of whole wheat bread and at least one quart of drinking water, if the cell does not have a water supply.			X	
<b>1248 Medical Diets</b>				
Policies identify who is authorized to prescribe medical diets.	X			
Therapeutic diets utilized by a facility are planned, prepared and served with consultation from a registered dietitian.	X			ARAMARK has an out of state registered dietitian available for consultation. She is noted to be very responsive and had recently visited three weeks prior to inspection.
The facility manager complies with providing any medical diet prescribed for an inmate.		X		See Recommendation 3.
There is a medical diet manual that includes sample menus. It is available to in-facility medical personnel and food service staff for reference and information.	X			The medical diet manual was reviewed, and is available in the Food Service Department and the Medical Unit.
A registered dietitian reviews, and the responsible physician approves, the diet manual on an annual basis.	X			
Pregnant women are provided a balanced, nutritious diet approved by a doctor.	X			

#### Summary of nutritional evaluation:

Inspection of this facility was conducted on August 16 and 17, 2017 to determine compliance with Title 15 California State standards. Inspection of the Food Service Department, the Medical Unit, and four inmate units was conducted. The following subsections will review findings for each of these areas of the facility.

#### FOOD SERVICE

ARAMARK remains as the contractor to administer the food service department. Meals are prepared by a combination of inmate workers and employed county staff. There are approximately 150 inmate kitchen workers at this facility; all who receive additional benefits in the form of food treats, such as pizza and sausages. It was reported that this necessary number of inmate workers has been difficult to maintain due to the lower number of minimal security inmates (those who qualify to be an inmate workers) currently held in detention. Six deputies work in the kitchen while inmate workers are present (approximately, between the hours of 10:00am and 4:00pm). All inmate workers were observed to be wearing gloves, have their hair/facial hair contained by hairnets, and be properly attired for food preparation.

ARAMARK prepares meals at this facility for not only the Santa Rita facility, but also other county facilities: Glen Dyer Jail (Alameda County) and adult facilities in Colusa, Solano, San Benito, San Joaquin, Amador and Lake counties, and a juvenile facility in San Joaquin County. A total of four tray lines were functioning at the time of inspection. A separate tray-line is in use for regular hot meals and one for regular lunch meals. Additionally, there were two tray lines, designed to prepare special diets that were in operation to insure that inmates on therapeutic diets receive the appropriate foods and serving sizes. The facility has a new mixer, which will reduce the need to substitute for baked goods on the menu.



There was a transition in management due to the retirement of the ARAMARK Food Service Director. There was no overlap between the retiring manager and the newly on boarded manager, which seems to have been a detriment to the functioning of the department. There were distinctive visible differences noted within the kitchen in regards to storage of food, labeling of food, and organization. In previous years the kitchen was a tightly-functioning entity. Due to the change in management, there is room for improvement to maintain the standards this facility needs to produce over 20,000 meals each day. It was observed that meal trays were not appropriately sealed (possibly due to a need to calibrate the film machine), exposing meals to the open air, bacteria, and freezer burn. It was reported that new trays have been ordered, so perhaps this may help to reduce the inadequate seal process. There were handwritten tags on most food stacks, indicating the date prepared; however, they were very small, and some were written on torn brown paper, which was difficult to read (see **Recommendation 4**). Food debris was present throughout the kitchen area, and floors were quite dirty, causing one to wonder how often they are cleaned. Damaged #10 cans of tomato sauce were staged for service. These cans had dents and dirty water marks on the outside, and there was question as to how these cans were stored and why were they going to be served. It is advisable for food service management to review sanitary procedures and enforce them to prevent potential contamination of food.

Approximately 2,050 inmates were housed at the Santa Rita facility during the time of the inspection. Of these, 396 were on a special diet, representing 19% of inmates. All kitchen staff is trained monthly on special diets, in addition to other special trainings as specified by ARAMARK. Special diets are kept secure (locked up) in the refrigerator as they await delivery. Special diets are labeled with the type of diet for meals travelling offsite; color-coded dot labels are used on site for special diet indication.

ARAMARK initiated a new training program, "In2Work", to replace the discontinued ROP program; however, the In2Work program is not currently operating. Current training provided to inmate workers includes a brief training and review of general rules. Thirteen (13) inmate rules are posted on the wall in the kitchen as a reminder. Additionally, proper food handling signs are posted. A supervisor oversees each inmate-staffed tray line for accuracy and appropriate food safety protocol use. Inmate workers are not allowed to make any of the food items for the juvenile facility, contracted by ARAMARK.

The main food vendors remain the same: Sysco, Single Source, Bimbo Bakery, and two Small, Local, Emerging Businesses (SLEB), LeBlanc and Atlantis.

On the day of inspection, the facility was on "cycle 4" of the four-cycle menu. The menu is the same as the menu analyzed for last year's inspection. Breakfast meals on many days still contain 1 cup of hot cereal, potatoes, and a biscuit, providing quite a load of carbohydrates at one meal, with low protein content. While it was reported last year that the menu would be revised and updated according to the 2015 Dietary Guidelines, there was no indication that this had been done as yet (see **Recommendation 1**).

Two meal tests (breakfast and dinner) were conducted by members of the Public Health inspection team to determine taste, palatability, texture, acceptability, and quality of inmate meals. For breakfast farina, sausage, wheat bread, and home fries were tasted. For dinner sloppy joe, pinto beans, carrots, and coleslaw were tasted. The breakfast overall appeared beige in color. The farina had an unusual texture and tasted bland; the sausage was atypical in texture, but had good flavor; home fries were bland; and wheat bread was standard. For dinner the sloppy joe had a strange flavor, likened to a watered-down chemical; pinto beans had no flavor; and the carrots were standard. Portion sizes of all meal components were adequate. Both meals were not appetizing in presentation (see **Recommendation 1**).

Overall observation showed average maintenance of standards.



**Recommendation 4 -- Employ a Registered Dietitian to support medical staff in the medical needs of inmates. (non-compliant)**

**2017 Recommendations**

**Recommendation 1 -- The current menu needs to be reviewed, updated to USDA 2015 Dietary Guidelines, and approved annually by the Registered Dietitian. When updating, consider improving the appearance and appeal of the meals by including foods of contrasting color. (2016)**

**Recommendation 2 -- Locate and make readily available the Emergency Feeding Plan; educate staff on the Plan.**

**Recommendation 3 (2016) -- Ensure inmates receive special diets as prescribed by doctor or nurse practitioner by checking to make sure all inmates on special diets are indicated correctly on the Diet Alert List. This can be accomplished by installing a procedure for medical staff to verify on a regular basis that inmates are assigned to the correct therapeutic diet on the "Diet Alert List", as indicated in the medical chart by the comparison of special diet orders on the list in the computer against diets indicated in the chart.**

**Recommendation 4 -- Consider using preprinted forms for labeling foods/meals prepared for assembly and delivery. These forms can be half sheet and have space for the date the food was prepared, the food item, and any other notes (i.e., location to be delivered).**

**Recommendation 5 -- Indicate on the Allergy label on the front of medical charts any known food allergies.**

**Recommendation 6 -- Ensure that inmates with chronic diseases are referred to the Chronic Care Clinic based on their chronic disease.**

**Recommendation 7 -- Update all Special Diet Lists, posted on the wall in the meal holding rooms of each unit, with the updated list.**

**Recommendation 8 -- Increase the number of healthful beverages to a minimum of 50% of the available items (2011, 2012, 2013, 2014, 2015, 2016)**

Vending machines in the units at this facility consist almost entirely of unhealthful beverages; snack food and beverage machines in the public lobby area and in the staff areas are also predominantly unhealthful. The Alameda County Nutrition and Physical Activity Policy and Guidelines require that a minimum of 50% of vending machine items are not more than 35% sugar by weight, not more than 30% of total calories from total fats, not more than 10% of total calories from saturated fats, contain no trans fat, and at least one item meet the FDA low sodium guideline. Meet with the vending machine vendor and discuss options to include healthier options.

**Recommendation 9 -- Establish an automatic review for inmates when they have been incarcerated for one year (2013, 2014, 2015, 2016).**

For longer term inmates (those staying a year or more) the computer system drops special orders out of the system, allowing inmates who are on a special diet to drop off the awareness of the food service department. It is highly recommended that the computer system be fixed so it does not drop inmate information, or a review panel be established to review those inmates who are coming up on an one-year stay. The current system is unacceptable as the lack of a special diet could go unnoticed for months.

**Recommendation 10 -- Employ a Registered Dietitian to support medical staff in the medical needs of inmates. (1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016)**

MEDICAL

A review of twenty (20) medical charts was conducted. Twelve (12) of these charts provided to us for review were for inmates that had already been discharged, making it difficult to assess accuracy of charting procedures or follow through on dietary care plans. With this caveat, accuracy of the charts is as follows:

- ◆ 95% of special diet orders contained a diet order written by a MD/PA (required by Title 15).
- ◆ 88% of special diet orders were accurately recorded by nursing staff (a diet slip is no longer included in the charts, as ordering of diets is now fully made electronically).
- ◆ Of the charts indicating the need for a special diet, 75% (6 of the 8 in custody) of inmates on special diets were assumed to be receiving their intended diet, based on diets which were accurately listed in the Master Diet Alert List in the Food Service department. A PFN list of the inmates whose diet was not listed on the Alert List was provided to nursing for follow up.
- ◆ Several charts did not indicate a food allergy on the Allergy label on the front of the chart. The allergies included peanut, tomato, and orange, some of which could have dire consequences should the inmate encounter any of these common allergy-causing foods (see **Recommendation 5**).
- ◆ Many charts of inmates with a chronic disease, such as hypertension, did not indicate referral to a Chronic Care Clinic (see **Recommendation 6**)

INMATE UNITS

Four inmate units were visited during the inspection. All of these units had well organized refrigerators/storerooms. There was good signage of the diet list in each unit; however, the signage needs to be updated with the most recent version (see **Recommendation 7**). The housing patrol technician prints the special diet list at each unit; this list is referred to as the "JQSD" and is color coded according to diet type. This list is posted to a wall adjacent to the unit entrance by 5:30-6:00am and is updated each morning. Unit deputies first call up inmates (by name) who receive special diets. Generally inmates get a minimum of 15 minutes to eat their meals. If inmates on a special diet have a court appointment, they receive a conventional bagged lunch, which they may consume in the booking room. Inmates receive their special diet dinner upon their return. If a newly booked inmate arrives at any time in between meals, it is the inmate's responsibility to inform the unit staff that they require a special diet. In this case, the kitchen is called and a tray is received shortly thereafter. This procedure was not observed during this inspection.

The deputies on assignment were very knowledgeable of which inmates receive which meals (therapeutic or regular). The inmates on special diets are typically served first and snacks accompany these deliveries. Commissary food, contracted by a separate vendor, is available at a cost. Inmates now order through an electronic tablet rather than the paper/pencil method previously used.

VENDING MACHINES

Vending machines are available for inmates (open areas), the public (lobby), and staff. These machines were not in compliance with the Alameda County Nutrition and Physical Activity Policy and Guidelines as they did not contain a sufficient number of healthy options (see **Recommendation 8**).

REVIEW of 2016 Recommendations:

Recommendation 1 – Ensure special diet orders are entered into the computer system for the Food Service Department to provide the correct therapeutic diet. (non-compliant)

Recommendation 2 – Establish an automatic review for inmates when they have been incarcerated for one year. (non-compliant)

Recommendation 3 – Review the vending company's contract and increase the number of healthful beverages to a minimum of 50% of the available items (non-compliant)



A registered dietitian (RD), with an emphasis in clinical nutrition, would benefit inmates at the facility by providing professional support in the following areas:

**A. Recommending medical diets consistent with medical needs; educating staff in the use of medical diets**

A RD is needed to keep diets professionally updated. A RD would insure that inmates with special medical needs would not fall through the cracks and would actually receive the diet as prescribed. A RD would advise medical staff of appropriate diet orders.

**B. Conducting medical nutrition therapy (MNT)**

MNT is necessary for inmates requiring therapeutic diets as to the nature of their acute or chronic disease, appropriate food choices, contra-indications and potentially negative health results of the disease without dietary compliance. Of 19 charts reviewed and three inmates interviewed, 11 inmates would benefit greatly from having MNT by a RD. A RD on site would perform education to high-risk inmates, such as those with diabetes, hypertension, kidney disease, GI disorders and those with special dietary needs.

**C. Medical team involvement**

Professional nutrition intervention and support is needed for dietary consultation, diet modification and chart review. Identification of special dietary needs related to presenting medical conditions is another charge of the registered dietitian with the medical team.

These roles are critical in preventing complications from acute and/or chronic diseases that inmates may have.

Any questions regarding the Nutritional Health Evaluation can be directed to Annette Lavery MPH, RD 510-268-4218 or [Annette.Lavery@acgov.org](mailto:Annette.Lavery@acgov.org) at Alameda County Public Health Department.

2017 Santa Rita Jail Inspection  
Date of Inspection: August 16, 2017  
Medical Narrative Summary of Walkthrough/Interviews

**I. Housing Units (Sick Call rooms and Housing Control rooms)**

Note: Housing Units 1, 2, 3, 8, 9, 21, 22, 24, 31, 34 were inspected

- A. All of the First Aid/Blood borne Pathogens Kits in the Housing Control Rooms were fully stocked and checked regularly (per equipment supply check log, signed every shift). All were properly stored in cabinets that were clearly labeled for quick access.
- B. All emergency breathing apparatus' (EBA) located in the Housing Control Rooms were in working order/full and checked regularly (per check log).
- C. All fire extinguishers were in compliance and checked regularly. Date of last annual inspection on all fire extinguishers is 5/15/2017 or 5/16/2017. All fire extinguishers were serviced by an OSFM approved agency.
- D. All sick call rooms were supplied with a first aid kit whose contents included emergency medical supplies and emergency medications all housed in one single bag; sick call rooms no longer were stocked with the orange emergency medical supply box nor the separate red emergency medication boxes as in previous years.
- E. First aid kits located in the sick call rooms were in plain view on a wall shelf, easily accessible in an emergency situation.
- F. There were no check logs for the first aid kits but all kits were sealed with a breakaway twist tie. There was also no supply list indicating the contents of the first aid kit. The first aid kit includes an emergency medication bag (yellow) tucked into a smaller compartment within the first aid kit. This yellow medication bag had a contents list, which includes dates of expiration; this contents list was located on the outside on the yellow bag but again, this yellow bag is located inside a small compartment in the bigger first aid kit bag and there is no way to check for expired medications unless the outer breakaway twist tie is broken.
- G. All AEDs were in working condition; all were hung on the wall in plain view and easily accessible. All AED pads were within the expiration dates. There were two check logs in place, both located near the AEDs. One check log for sign off of sheriff staff (monthly) and a separate check log for sign off of CFMG staff (daily). Different logs were used in different sick call rooms and at times, it was not clear which log was used by whom.
- H. All used medications/multi-use vials were clearly labeled with date of opening and were all within 30 days of initial use.
- I. Ambu-bags were readily accessible in every sick call room.
- J. All oxygen tanks were regularly checked per a check log which was signed daily; all were filled and ready for use. A weekly maintenance log was also in place and check off consistently.
- K. All eye wash stations were regularly checked per check log; all stations were in working order.
- L. *2017 Recommendation* (First Aid Kits in Sick Call Rooms): Assess need for contents list to be attached to all first aid kit bag for easy access of needed supplies in an emergency. Consider clarifying that emergency medications are located in a smaller compartment within the larger first aid kit bag. Assess need



for first aid kit check log to be signed on a consistent basis; main concern is to check for expired supplies/medications.

**II. OB Clinic, Medical Clinic, Intake/Transfer/Release Clinic**

- A. All fire extinguishers were in compliance and checked regularly. Date of last annual inspection on all fire extinguishers was 5/15/17 or 5/16/17.
- B. All first aid kits included emergency medical supplies and emergency medications as found in other areas of the facility. The first aid kits were sealed with breakaway twist tie; these kits also had a check log, checked and signed monthly by staff and also whenever the kit was opened/used.
- C. There was no supply list indicating the contents of the first aid kit.
- D. All AEDs were in working condition; all were hung on the wall in plain view and easily accessible. All AED pads were within the expiration dates. All AED check logs were signed and checked daily by staff.
- E. All used medications/multi-use vials and bottles were clearly labeled with date of opening and were all within 30 days of initial use.
- F. Refrigerator storing medications and immunizations (pill room and pharmacy), is in good working order, temperature reading is within normal parameters and is regularly checked per log; all dates and signatures on the temperature check log are consistent with a daily staff check.

**III. Inmate Interviews**

2 interviews were conducted

- A. Overall, inmates were satisfied with the level of medical care received.
- B. Inmates felt that medical staff was knowledgeable of their health histories and their care plans. They felt safe in discussing their medical needs to the MD/RN and also felt they were being heard when expressing their needs.
- C. Medications were dispensed daily, in a timely manner. Per inmates, medical staff goes out of their way in order for inmate to receive timely doses during scheduling conflicts.
- D. Both inmates were satisfied with how the medical team safeguards their privacy.
- E. Inmates were satisfied with the response time after sick call request is made. Response time is dependent on acuity of the sick call.
- F. One inmate noted weekly MD appointments due to health complications; inmate felt this was an appropriate response thus feeling overall satisfied with the level of care while at SRJ. Also receives from appropriate medical staff, specialized health teaching and support.

Medical Narrative Summary Completed By: Marta Gonzalez, PHN